## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

|       | State of Colorado  |
|-------|--|
|       | ER(S) OF THE SINGLE STATE AGENCY REQUIREMENT GRANTED UNDER THE GOVERNMENTAL COOPERATION ACT OF 1968  |
|       |  |
| Waive | r #1.1/ Not Applicable   |
| a. ·  | Waiver was granted on  |
|       | (date)   |
| o.    | The organizational arrangement authorized, the nature and extent of repsonsibility for program administration delegated to, and  |
|       | (name of agency)   |
|       | the resources and/or services of such agency to be utilized in administration of the plan are described below:   |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
| C.    | The methods for goordinating responsibilities among the several agencies involved  |
|       | The methods for coordinating responsibilities among the several agencies involved<br>in administration of the plan under the alternate organizational arrangement are as<br>follows: |
|       | in administration of the plan under the alternate organizational arrangement are as  |
|       | in administration of the plan under the alternate organizational arrangement are as  |
|       | in administration of the plan under the alternate organizational arrangement are as  |
|       | in administration of the plan under the alternate organizational arrangement are as  |
|       | in administration of the plan under the alternate organizational arrangement are as  |
|       | in administration of the plan under the alternate organizational arrangement are as  |